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Administrative Bulletin 11-01

Regulations:

**114.3 CMR 16.00 Surgery and Anesthesia Services
114.3 CMR 17.00 Medicine
114.3 CMR 18.00 Radiology**

January 11, 2011 (Effective date January 1, 2011)

CPT/HCPCS 2011 Coding Updates

In accordance with 114.3 CMR 16.01(4), 17.01(4), and 18.01(4), the following coding changes are effective on January 1, 2011. The following list specifies those codes that are added and codes that are deleted, with crosswalks to new codes that replace corresponding deleted codes. Codes with one-to-one crosswalks to deleted codes are reimbursed at the current payment rate of the deleted codes. Codes with one-to-one crosswalks to existing codes are reimbursed at the current payment rate of the existing codes. For codes with multiple crosswalks, rates for the 2011 additions are calculated according to the rate methodology used in setting physician rates. All other codes in this bulletin that require pricing are reimbursed at individual consideration (I.C.). Rates listed in this informational bulletin are applicable until revised rates are issued by the Division. Deleted codes will no longer be available for use after 2010.

114.3 CMR 16.00 Added Codes:

CODE	DESCRIPTOR
11045	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
11046	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
11047	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2

CODE	DESCRIPTOR
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)
29916	Arthroscopy, hip, surgical; with labral repair
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)
33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within same vessel, when performed
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
37224	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal angioplasty
37225	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed
37226	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37227	Revascularization, endovascular, open or percutaneous, femoral/popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
37228	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal angioplasty
37229	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed
37230	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37231	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)

CODE	DESCRIPTOR
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s), includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)
43283	Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)
43327	Esophagogastric fundoplasty partial or complete; laparotomy
43328	Esophagogastric fundoplasty partial or complete; thoracotomy
43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis
43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoratomy, except neonatal; without implantation of mesh or other prosthesis
43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoratomy, except neonatal; with implantation of mesh or other prosthesis
43336	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis
43337	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis
43338	Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)
43753	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed
43754	Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis)
43755	Gastric intubation and aspiration, diagnostic; collection of multiple fractional specimens with gastric stimulation, single or double lumen tube (gastric secretory study) (eg, histamine, insulin, pentagastrin, calcium, secretin), includes drug administration
43756	Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen (eg, bile study for crystals or afferent loop culture)
43757	Duodenal intubation and aspiration, diagnostic, includes image guidance; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube, includes drug administration
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple) (List separately in addition to code for primary procedure)
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)
49418	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)
61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)

CODE	DESCRIPTOR
61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral
65778	Placement of amniotic membrane on the ocular surface for wound healing; self-retaining
65779	Placement of amniotic membrane on the ocular surface for wound healing; single layer, sutured
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)

114.3 CMR 16.00 Deleted Codes:

CODE	DESCRIPTOR
11040	Debridement; skin, partial thickness
11041	Debridement; skin, full thickness
20000	Incision of soft tissue abscess (eg, secondary to osteomyelitis); superficial
33861	Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension; with coronary reconstruction
35454	Transluminal balloon angioplasty, open; iliac
35456	Transluminal balloon angioplasty, open; femoral-popliteal
35459	Transluminal balloon angioplasty, open; tibioperoneal trunk and branches
35470	Transluminal balloon angioplasty, percutaneous; tibioperoneal trunk or branches, each vessel
35473	Transluminal balloon angioplasty, percutaneous; iliac
35474	Transluminal balloon angioplasty, percutaneous; femoral-popliteal
35480	Transluminal peripheral atherectomy, open; renal or other visceral artery
35481	Transluminal peripheral atherectomy, open; aortic
35482	Transluminal peripheral atherectomy, open; iliac
35483	Transluminal peripheral atherectomy, open; femoral-popliteal
35484	Transluminal peripheral atherectomy, open; brachiocephalic trunk or branches, each vessel
35485	Transluminal peripheral atherectomy, open; tibioperoneal trunk and branches
35490	Transluminal peripheral atherectomy, percutaneous; renal or other visceral artery
35491	Transluminal peripheral atherectomy, percutaneous; aortic
35492	Transluminal peripheral atherectomy, percutaneous; iliac
35493	Transluminal peripheral atherectomy, percutaneous; femoral-popliteal
35494	Transluminal peripheral atherectomy, percutaneous; brachiocephalic trunk or branches, each vessel
35495	Transluminal peripheral atherectomy, percutaneous; tibioperoneal trunk and branches
39502	Repair, paraesophageal hiatus hernia, transabdominal, with or without fundoplasty, vagotomy, and/or pyloroplasty, except neonatal
39520	Repair, diaphragmatic hernia (esophageal hiatal); transthoracic
39530	Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal
39531	Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal, with dilation of stricture (with or without gastroplasty)

CODE	DESCRIPTOR
43324	Esophagogastric fundoplasty (eg, Nissen, Belsey IV, Hill procedures)
43326	Esophagogastric fundoplasty; with gastroplasty (eg, Collis)
43600	Biopsy of stomach; by capsule, tube, peroral (1 or more specimens)
49420	Insertion of intraperitoneal cannula or catheter for drainage or dialysis; temporary
61795	Stereotactic computer-assisted volumetric (navigational) procedure, intracranial, extracranial, or spinal (List separately in addition to code for primary procedure)
64573	Incision for implantation of neurostimulator electrodes; cranial nerve
89100	Duodenal intubation and aspiration; single specimen (eg, simple bile study or afferent loop culture) plus appropriate test procedure
89105	Duodenal intubation and aspiration; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube
89130	Gastric intubation and aspiration, diagnostic, each specimen, for chemical analyses or cytopathology;
89132	Gastric intubation and aspiration, diagnostic, each specimen, for chemical analyses or cytopathology; after stimulation
89135	Gastric intubation, aspiration, and fractional collections (eg, gastric secretory study); 1 hour
89136	Gastric intubation, aspiration, and fractional collections (eg, gastric secretory study); 2 hours
89140	Gastric intubation, aspiration, and fractional collections (eg, gastric secretory study); 2 hours including gastric stimulation (eg, histalog, pentagastrin)
89141	Gastric intubation, aspiration, and fractional collections (eg, gastric secretory study); 3 hours, including gastric stimulation

114.3 CMR 16.00 Crosswalks and Rates:

For descriptions of the deleted codes and their respective replacement codes, please refer to the appropriate added or deleted code sections above.

DELETED CODE	REPLACEMENT CODE
43326	43338
91105	43753

REPLACEMENT CODE	NFAC Fee	FAC Fee	Global Fee	PC Fee	TC Fee
11045	\$25.13	\$13.80			
11046	\$43.45	\$29.74			
11047	\$70.89	\$51.52			
22551			\$1,352.60		
22552			\$312.32		
29914			\$818.65		
29915			\$833.95		
29916			\$833.95		
31295	\$1,777.90	\$140.03			
31296	\$3,333.48	\$167.12			
31297	\$3,305.23	\$137.08			
31634	\$1,570.03	\$162.56			
33620			\$1,325.68		
33621			\$714.31		

REPLACEMENT CODE	NFAC Fee	FAC Fee	Global Fee	PC Fee	TC Fee
33622			\$2,796.86		
37220	\$2,744.25	\$334.38			
37221	\$4,068.65	\$408.10			
37222	\$782.86	\$151.56			
37223	\$4,072.76	\$172.27			
37224	\$3,301.97	\$368.40			
37225	\$9,401.92	\$496.00			
37226	\$7,876.37	\$414.28			
37227	\$12,721.59	\$598.93			
37228	\$4,710.32	\$449.76			
37229	\$9,308.51	\$580.53			
37230	\$7,299.66	\$561.87			
37231	\$11,755.00	\$610.61			
37232	\$1,048.67	\$162.22			
37233	\$1,271.73	\$267.24			
37234	\$3,383.69	\$222.99			
37235	\$3,603.76	\$316.39			
38900			\$105.62		
43283			\$126.71		
43327			\$645.08		
43328			\$937.86		
43332			\$920.48		
43333			\$998.70		
43334			\$1,006.73		
43335			\$1,084.01		
43336			\$1,186.83		
43337			\$1,298.82		
43338			\$956.33		
43753	\$65.61	\$12.44			
43754	\$67.29	\$25.56			
43755	\$101.33	\$46.19			
43756	\$188.44	\$42.09			
43757	\$241.36	\$60.14			
49327			\$102.12		
49412			\$63.55		
49418	\$1,314.43	\$182.98			
53860	\$1,264.40	\$183.02			
57156	\$123.42	\$81.69			
61781			\$185.62		
61782			\$153.50		
61783			\$163.85		
64566	\$111.01	\$23.38			
64568			\$516.19		
64569			\$481.28		
64570			\$421.14		
64611	\$81.29	\$72.65			
65778	\$1,098.77	\$59.41			

REPLACEMENT CODE	NFAC Fee	FAC Fee	Global Fee	PC Fee	TC Fee
65779	\$978.46	\$234.49			
66174			\$790.16		
66175			\$876.62		
88177			\$22.60	\$17.03	\$5.56
88363	\$31.63	\$13.15			

114.3 CMR 17.00 Added Codes:

CODE	DESCRIPTOR
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component
90460-SL	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component (state supplied vaccine) (Only to be used for administration of pediatric vaccines for individuals ages 18 years and under provided at no cost by the Massachusetts Department of Public Health, including those administered under the Vaccine for Children (VFC) Program) (Not in conjunction with an office visit or other outpatient visit)
90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component (List separately in addition to code for primary procedure)
90461-SL	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component (List separately in addition to code for primary procedure) (state supplied vaccine) (Only to be used for administration of pediatric vaccines for individuals ages 18 years and under provided at no cost by the Massachusetts Department of Public Health, including those administered under the Vaccine for Children (VFC) Program) (Not in conjunction with an office visit or other outpatient visit)
90654	Influenza virus vaccine, split virus, preservative free, for intradermal use
90664	Influenza virus vaccine, pandemic formulation, live, for intranasal use
90666	Influenza virus vaccine, pandemic formulation, split virus, preservative free, for intramuscular use
90667	Influenza virus vaccine, pandemic formulation, split virus, adjuvanted, for intramuscular use
90668	Influenza virus vaccine, pandemic formulation, split virus, for intramuscular use
90867	Therapeutic repetitive transcranial magnetic stimulation treatment; planning
90868	Therapeutic repetitive transcranial magnetic stimulation treatment; delivery and management, per session
91013	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion during 2-dimensional data study (eg, stimulant, acid or alkali perfusion) (List separately in addition to code for primary procedure)
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina
92227	Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral

CODE	DESCRIPTOR
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts) including intraprocedural injection(s) for bypass graft angiography
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent), including assessing hemodynamic measurement before, during, after, and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)
93563	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)
93564	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)

CODE	DESCRIPTOR
93565	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)
93566	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)
93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supraaortic aortography (List separately in addition to code for primary procedure)
93568	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)
99224	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components; Problem focuses interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 15 minutes at the bedside and on the patient's hospital floor or unit.
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter
99225	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components; An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit.
99226	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components; A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.

CODE	DESCRIPTOR
J0171	Injection, Adrenalin, epinephrine, 0.1 mg
J0558	Injection, penicillin G benzathine and penicillin G procaine, 100,000 units
J0561	Injection, penicillin G benzathine, 100,000 units
J0597	Injection, C-1 esterase inhibitor (human), Berinert, 10 units
J0638	Injection, canakinumab, 1 mg
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg
J1290	Injection, ecallantide, 1 mg
J1559	Injection, immune globulin (Hizentra), 100 mg
J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg
J1786	Injection, imiglucerase, 10 units
J1826	Injection, interferon beta-1a, 30 mcg
J2358	Injection, olanzapine, long-acting, 1 mg

CODE	DESCRIPTOR
J2426	Injection, paliperidone palmitate extended release, 1 mg
J3095	Injection, telavancin, 10 mg
J3262	Injection, tocilizumab, 1 mg
J3357	Injection, ustekinumab, 1 mg
J3385	Injection, velaglucerase alfa, 100 units
J7184	Injection, von Willebrand factor complex (human), Wilate, per 100 IU VWF:RCo
J7196	Injection, antithrombin recombinant, 50 i.u.
J7309	Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 g
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg
J7335	Capsaicin 8% patch, per 10 sq cm
J7686	Treprostinil, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 1.74 mg
J8562	Fludarabine phosphate, oral, 10 mg
J9302	Injection, ofatumumab, 10 mg
J9307	Injection, pralatrexate, 1 mg
J9315	Injection, romidepsin, 1 mg
J9351	Injection, topotecan, 0.1 mg

114.3 CMR 17.00 Deleted Codes:

CODE	DESCRIPTOR
90465	Immunization administration younger than 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; first injection (single or combination vaccine/toxoid), per day
90465-SL	Immunization administration under 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; first injection (single or combination vaccine/toxoid), per day (state supplied vaccine) (Only to be used for administration of pediatric vaccines for individuals ages 18 years and under provided at no cost by the Massachusetts Department of Public Health, including those administered under the Vaccine for Children (VFC) Program) (Not in conjunction with an office visit or other outpatient visit)
90466	Immunization administration younger than 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; each additional injection (single or combination vaccine/toxoid), per day (List separately in addition to code for primary procedure)
90467	Immunization administration younger than age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family; first administration (single or combination vaccine/toxoid), per day
90467-SL	Immunization administration younger than age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family; first administration (single or combination vaccine/toxoid), per day (state supplied vaccine) (Only to be used for administration of pediatric vaccines for individuals ages 18 years and under provided at no cost by the Massachusetts Department of Public Health, including those administered under the Vaccine for Children (VFC) Program) (Not in conjunction with an office visit or other outpatient visit)
90468	Immunization administration younger than age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family; each additional administration (single or combination vaccine/toxoid), per day (List separately in addition to code for primary procedure)
91000	Esophageal intubation and collection of washings for cytology, including preparation of specimens (separate procedure)
91011	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study; with mecholyl or similar stimulant
91012	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study; with acid perfusion studies

CODE	DESCRIPTOR
91052	Gastric analysis test with injection of stimulant of gastric secretion (eg, histamine, insulin, pentagastrin, calcium and secretin)
91055	Gastric intubation, washings, and preparing slides for cytology (separate procedure)
91105	Gastric intubation, and aspiration or lavage for treatment (eg, for ingested poisons)
91123	Pulsed irrigation of fecal impaction
92135	Scanning computerized ophthalmic diagnostic imaging, posterior segment, (eg, scanning laser) with interpretation and report, unilateral
93012	Telephonic transmission of post-symptom electrocardiogram rhythm strip(s), 24-hour attended monitoring, per 30 day period of time; tracing only
93014	Telephonic transmission of post-symptom electrocardiogram rhythm strip(s), 24-hour attended monitoring, per 30 day period of time; physician review with interpretation and report only
93230	Wearable electrocardiographic rhythm derived monitoring for 24 hours by continuous original waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; includes recording, microprocessor-based analysis with report, physician review and interpretation
93231	Wearable electrocardiographic rhythm derived monitoring for 24 hours by continuous original waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; recording (includes connection, recording, and disconnection)
93232	Wearable electrocardiographic rhythm derived monitoring for 24 hours by continuous original waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; microprocessor-based analysis with report
93233	Wearable electrocardiographic rhythm derived monitoring for 24 hours by continuous original waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; physician review and interpretation
93235	Wearable electrocardiographic rhythm derived monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; includes monitoring and real-time data analysis with report, physician review and interpretation
93236	Wearable electrocardiographic rhythm derived monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; monitoring and real-time data analysis with report
93237	Wearable electrocardiographic rhythm derived monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; physician review and interpretation
93501	Right heart catheterization
93508	Catheter placement in coronary artery(s), arterial coronary conduit(s), and/or venous coronary bypass graft(s) for coronary angiography without concomitant left heart catheterization
93510	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous
93511	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; by cutdown
93514	Left heart catheterization by left ventricular puncture
93524	Combined transseptal and retrograde left heart catheterization
93526	Combined right heart catheterization and retrograde left heart catheterization
93527	Combined right heart catheterization and transseptal left heart catheterization through intact septum (with or without retrograde left heart catheterization)
93528	Combined right heart catheterization with left ventricular puncture (with or without retrograde left heart catheterization)
93529	Combined right heart catheterization and left heart catheterization through existing septal opening (with or without retrograde left heart catheterization)
93539	Injection procedure during cardiac catheterization; for selective opacification of arterial conduits (eg, internal mammary), whether native or used for bypass

CODE	DESCRIPTOR
93540	Injection procedure during cardiac catheterization; for selective opacification of aortocoronary venous bypass grafts, 1 or more coronary arteries
93541	Injection procedure during cardiac catheterization; for pulmonary angiography
93542	Injection procedure during cardiac catheterization; for selective right ventricular or right atrial angiography
93543	Injection procedure during cardiac catheterization; for selective left ventricular or left atrial angiography
93544	Injection procedure during cardiac catheterization; for aortography
93545	Injection procedure during cardiac catheterization; for selective coronary angiography (injection of radiopaque material may be by hand)
93555	Imaging supervision, interpretation and report for injection procedure(s) during cardiac catheterization; ventricular and/or atrial angiography
93556	Imaging supervision, interpretation and report for injection procedure(s) during cardiac catheterization; pulmonary angiography, aortography, and/or selective coronary angiography including venous bypass grafts and arterial conduits (whether native or used in bypass)
96445	Chemotherapy administration into peritoneal cavity, requiring and including peritoneocentesis

CODE	DESCRIPTOR
J0170	Injection, adrenalin, epinephrine, up to 1 ml ampule
J0559	Injection, Penicillin G Benzathine and Penicillin G Procaine, 2500 Units
J0560	Injection, penicillin G benzathine, up to 600,000 units
J0570	Injection, penicillin G benzathine, up to 1,200,000 units
J0580	Injection, penicillin G benzathine, up to 2,400,000 units
J0704	Injection, betamethasone sodium phosphate, per 4 mg
J1470	Injection, gamma globulin, intramuscular, 2 cc
J1480	Injection, gamma globulin, intramuscular, 3 cc
J1490	Injection, gamma globulin, intramuscular, 4 cc
J1500	Injection, gamma globulin, intramuscular, 5 cc
J1510	Injection, gamma globulin, intramuscular, 6 cc
J1520	Injection, gamma globulin, intramuscular, 7 cc
J1530	Injection, gamma globulin, intramuscular, 8 cc
J1540	Injection, gamma globulin, intramuscular, 9 cc
J1550	Injection, gamma globulin, intramuscular, 10 cc
J9062	Cisplatin, 50 mg
J9080	Cyclophosphamide, 200 mg
J9090	Cyclophosphamide, 500 mg
J9091	Cyclophosphamide, 1 g
J9092	Cyclophosphamide, 2 g
J9350	Injection, topotecan, 4 mg
J9375	Vincristine sulfate, 2 mg
J9380	Vincristine sulfate, 5 mg
Q4109	Skin substitute, TissueMend, per sq cm

114.3 CMR 17.00 Crosswalks and Rates:

For descriptions of the deleted codes and their respective replacement codes, please refer to the appropriate added or deleted code sections above.

DELETED CODE	REPLACEMENT CODE
92135	92133
96445	96446

REPLACEMENT CODE	NFAC Fee	FAC Fee	Global Fee	PC Fee	TC Fee
90460			\$19.50		
90460-SL			\$15.78		
90461			\$0.00		
90461-SL			\$0.00		
90654			I.C.		
90664			I.C.		
90666			I.C.		
90667			I.C.		
90668			I.C.		
90867			I.C.		
90868			I.C.		
91013			\$19.36	\$7.84	\$11.52
91117	\$111.49	\$119.84			
92132			\$30.12	\$16.81	\$13.31
92133			\$35.45	\$14.17	\$21.28
92134			\$36.69	\$23.38	\$13.31
92227			\$10.03		
92228			\$24.86	\$13.93	\$10.93
93451			\$655.08	\$113.80	\$541.29
93452			\$716.55	\$199.21	\$517.34
93453			\$937.81	\$261.41	\$676.41
93454			\$740.14	\$201.04	\$539.10
93455			\$863.57	\$231.87	\$631.70
93456			\$925.35	\$257.59	\$667.76
93457			\$1,048.82	\$288.36	\$760.46
93458			\$892.25	\$245.06	\$647.20
93459			\$984.98	\$276.09	\$708.90
93460			\$1,052.28	\$307.61	\$744.66
93461			\$1,207.50	\$339.24	\$868.26
93462			\$156.52		
93463			\$83.05		
93464			\$211.11	\$72.91	\$138.20
93563			\$43.83		
93564			\$44.65		
93565			\$33.98		
93566	\$144.67	\$33.79			

REPLACEMENT CODE	NFAC Fee	FAC Fee	Global Fee	PC Fee	TC Fee
93567	\$118.50	\$38.03			
93568	\$130.48	\$34.80			
95800			\$1,146.22	\$46.46	\$1,099.76
95801			\$1,944.04	\$40.69	\$1,903.35
96446	\$223.32	\$88.25			
99224			\$21.93		
99225			\$38.96		
99226			\$58.24		

114.3 CMR 18.00 Added Codes:

CODE	DESCRIPTOR
74176	Computed tomography, abdomen and pelvis; without contrast material
74177	Computed tomography, abdomen and pelvis; with contrast material
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions
76881	Ultrasound, extremity, nonvascular, real-time with image documentation; complete
76882	Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific

114.3 CMR 18.00 Deleted Codes:

CODE	DESCRIPTOR
75992	Transluminal atherectomy, peripheral artery, radiological supervision and interpretation
75993	Transluminal atherectomy, each additional peripheral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75994	Transluminal atherectomy, renal, radiological supervision and interpretation
75995	Transluminal atherectomy, visceral, radiological supervision and interpretation
75996	Transluminal atherectomy, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)
76150	Xeroradiography
76350	Subtraction in conjunction with contrast studies
76880	Ultrasound, extremity, nonvascular, real time with image documentation

114.3 CMR 18.00 Rates:

REPLACEMENT CODE	Global Fee	PC Fee	TC Fee
74176	\$182.55	\$66.41	\$116.15
74177	\$291.03	\$69.67	\$221.36
74178	\$369.87	\$77.07	\$292.80
76881	\$98.53	\$22.63	\$75.91
76882	\$24.52	\$15.68	\$8.84